



Arizona Access to Recovery (ATR)
CHOICES Program
Provider Profile



Agency/Organization/Company Name: _____

Address: _____

Contact Person: _____

Fax: _____

Appointment Phone: _____

Email: _____

Web Address: _____

Services Provided

Services for:

☐ Men

☐ Women

☐ Men and Women

Non-English Speaking (specify other language (s): _____

Faith Based

☐ Yes

☐ No

Affiliation: _____

Types of Services:

☐ Transportation

☐ Child Care

☐ Spiritual and faith-based support education

☐ Life Skills

☐ Peer-to-Peer Services, Mentoring, Coaching

☐ Indigenous Healing

☐ Family/Marriage Education

☐ Education Services

☐ Employment Services and Job Training

☐ Family Support Services

☐ Housing Assistance and Services
(transitional housing, sober housing, etc.)

☐ Other: _____

☐ Employment Services

Hours of Operation:

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>

Agency Profile:

Please provide a brief (1-2 paragraphs) on history, background, mission, and philosophy of agency. You may include overview of services and types of treatment methods offered/utilized.